

SUPERINTENDENT OF SCHOOLS IN DANBURY DOING GOOD WORK AMERICANIZING IMMIGRANTS

Teaching Them Language And Customs in Night School
Offsets Retarding Work of Those Who Prey on
Literacy—Aliens' Need of Education is Great.

Ernest J. Borst, superintendent of schools of Danbury, has been in communication with the Bureau of Naturalization of the Department of Labor relative to the nation-wide movement promulgated and fostered by the bureau having for its object the Americanization of alien residents of this country. This movement has been instituted with a view to the instruction of aliens in the English language and the principles of government, so that when citizenship has been acquired they will be producing rather than dependent members of the community.

Mr. Borst has expressed his keen interest in the plan and has signified his desire cordially to cooperate with the Bureau of Naturalization in the furtherance of its educational program.

In his letter Mr. Borst says: "I am very glad to report that we are doing definite work along this line in our night school. One department in the night school is devoted entirely to teaching foreigners to read and write English. The average attendance in this class is approximately 40 a night and I should estimate the average age of the pupils in the class at about 30 or 32. As soon as the students have learned to read and write they are promoted to what we call in the night school the lower grammar department, where they begin to study some arithmetic, English, spelling, history, and civics. Citizenship is placed upon this last subject. We have gotten the Daughters of the American Revolution to cooperate with us and they each year give a prize to the student who writes the best essay on some phase of this subject. One book to which a great deal of reference is made in the class is the Little Green Book published by the Daughters of the American Revolution.

"In the upper grammar department more advanced work along this same line is continued and we practically cover the work of the eight grades of the day school in this work. In addition to this we talk to the foreigners about naturalization. We encourage them to take out their papers, give them special personal assistance in getting them started correctly and each year we have a local judge who was for some years connected with the Naturalization Bureau, come before these students and talk to them about naturalization and its desirability and explain to them the exact legal processes through which they must go to secure their papers."

Emphasizing the necessity for education of the alien residents in Fairfield county along the lines indicated, the latest statistics available show:

Total population	21,502	245,322	1,114,758
Foreign-born white	5,529	72,441	328,759
Per cent. of total	25.5	29.5	29.5
Sex:			
Male	11,738	124,251	536,442
Female	11,764	121,071	551,114
Males to 100 females	102.3	102.3	102.3
Foreign-born white:			
Male	177,068	177,068	177,068
Female	151,631	151,631	151,631
Males to 100 females	116.7	116.7	116.7
Males 21 years old and over	7,373	77,845	347,692
Foreign-born white	2,637	34,038	153,168
Per cent. of total	43.7	44.1	44.1
Naturalized	1,243	13,226	60,608
Having first papers	151	2,035	9,103
Alien	568	15,279	69,431
Unknown	335	3,498	14,026
Number illiterate	5,538	21,532	21,532
Per cent. illiterate	11.3	14.1	14.1
Persons 10 years old and over:			
Total number	18,466	199,330	961,026
Number illiterate	739	6,738	53,665
Per cent. illiterate	4.0	3.4	5.6
Foreign-born white	5,492	70,312	318,730
Number illiterate	567	9,002	49,202
Per cent. illiterate	12.8	12.8	15.4

Applicants for citizenship, 1914-15:

Petitioners	1,315	1,315	1,127
Declarants	2,281	2,281	13,522
Figures not given.			

Among the approximately 14,000,000 foreign-born residents in the United States, 1,600,381 foreign-born whites are classified as illiterate. These illiterates are the natural prey of the designing and scheming foreigners and natives who prey on them. They compel them to pay tribute, both in cash and blood, for every service both real and imagined, and in the gratification of their desires, however unscrupulous or unnatural.

For years, this condition has been studied by the Bureau of Naturalization in its application to the administration of the naturalization law. It is safe to state that although 55,000 foreigners have been refused citizenship because of mental and moral unfitness, at least that many have been admitted to citizenship, in spite of these deficiencies, during the period of federal supervision. The courts have been reluctant to refuse citizenship to a candidate, even though he be ignorant of our institutions or of the principles conferred upon him. Especially is this so where there are no facilities offered by the cities and towns where the petitioners live for overcoming

PACIFYING NERVES BY PRESSURE

Reprinted, With Technical Amplification, From Everybody's Magazine.
(By DR. EDWIN F. BOWERS.)

Forages we have ground and grinded our teeth during paroxysms of pain. When we bump our shins against a rocking chair, that, with the perversity of all inanimate objects, takes up a point of vantage directly in our path, immediately we clasp the offending shin with more than ordinary ardor. In those days, now thankfully beyond recall—before the blessed era of nitrous-oxide and local anesthetics—when the unfeeling, muscular dentist leaned towards the door with our pet tooth in the firm embrace of his shiny forceps, we helped him to our utmost by gripping the arms of his chair with a vice like clutch. This manoeuvre helped to make the connection between the jaws of tooth extraction and the effulgent rays of the moon have on the pumpkin crop. But we saw our duty—and we did it—of our own free will and volition.

When fury and anger sweep us in their red flame and the gentle familiar aspects of nature take on the hue of blood, we clench our fists until the nails are driven deep into the flesh. In the first shock of the agony of bereavement that comes to all because it is the way of all flesh, or during the cruelly dragging hours when we are adjusting ourselves to living with our very hearts torn asunder, we clasp our hands in frenzy. When our friends come to strengthen us with their warm sympathy, they do not, if they are wise, biden us with mere words of condolence. They take our hands and press them—silently and warmly—and they let the unspoken work speak for their hearts.

During those bleak hours when we say with the Psalmist, "Would God that it were morning, and when it was morning, would God it were evening," unconsciously we make our petition with fingers interlaced or pressed tightly together.

We do these things because they are natural and apparently inevitable. We did them automatically and without thought, rightly knowing why.

If we thought about them at all we probably regarded these activities as a sort of safety valve. Now we know they are not merely instinctive but scientific. They relieve pain, causing a form of analgesia somewhat similar to that which follows the injection of water or some anesthetic solution into the course of a nerve. Dr. William Fitzgerald, of Hartford, Conn., has indicated this reason a year or more ago, and additional experience and study has served only to establish the scientific truth and practical usefulness of this discovery to himself and his associates.

For, in addition, there are approximately three hundred "push buttons" in the mouth, nose, pharynx, epipharynx, tonsils, palate, fauces and tongue—originally charted by Dr. Fitzgerald—it has been proven that the entire body is symmetrically studded with "push buttons." Dr. Fitzgerald, and the physicians, surgeons and dentists who have been collaborating with him—experimenting, classifying and tabulating—now have the broad general conception that the body is divided into ten zones, five on either side, including a line drawn up the middle of the body.

It is established that reflex analgesic and therapeutic results are obtained by pressure exerted over any bony eminence on any of these zones and affects any condition in their particular zones, but not to the same extent as does pressure exerted on the little switches inside the mouth and nose, and on the tongue.

The first, second, third, fourth and fifth zones begin in the toes, run up over the head and end in the fingers or vice versa.

The experimenter claims—and I have proved this to my own satisfaction—that pain and many abnormal conditions in any part of the first zone may be treated and overcome, temporarily at least, by pressure over the first joint of the great toe, the corresponding joint of the thumb.

Should the pressure be limited to or most marked upon the upper surface of the great toe, the analgesic effect will extend up the front or anterior of the body, to the point on the top of the skull known to doctors as the "fronto-parietal suture"—which, by the way, seems to be the dividing line between the posterior and the lateral zones.

The effect will also extend across the chest and down the front surfaces of the first zone of the arm and thumb.

Should the pressure be emphasized on the under surface of the great toe, the effect will extend along the first zone in the sole of the foot, and up the back of the leg, thigh, body and head in that zone, to the top of the head, and across the back and down the posterior (or back) surface of the first zone, of the arm or thumb.

Pressure on the end of the great toe or thumb will affect the entire first zone, front and back. Pressure on the lateral (or side surfaces) of the fingers or toes will affect lateral boundaries of the zones, governed by these particular fingers or toes. It is essential that these facts be kept firmly in mind if success is to be attained with these various pressures.

To illustrate: When I was dictating the rough draft of this article my stenographer complained of rheumatic pains located in the outer aspect of the right ankle. I grasped the second joint of his right little finger, and pressed firmly for a few minutes on the top and bottom of the joint.

He volunteered the information that though the pain was somewhat relieved it still persisted. I then repeated that this pain was localized on the outside of the ankle. Instead of on the upper surface. So changing my grip to the side of the joint—the lateral aspect of the finger—I repeated the procedure, and in less than two minutes he expressed himself as perfectly free from pain, and has remained so.

A limited amount of anesthesia may be established by pressure over any bony surface, and often the mere momentary contact with a galvanocautery (and electric carter) from a battery, with a sharp pointed instrument, or even with the finger nail, will produce the same result.

It might be again emphasized that pain or abnormal conditions any-

where in the first zone may be overcome more quickly and effectively by pressure than by the use of caustery contacts at certain points throughout the first zone of the mouth, pharynx, epipharynx, nose or tongue. But the finger and toe pressures if properly employed, may be relied upon quite uniformly, and are especially adapted for "home treatment." What applies to one zone is equally applicable to all zones. Pressure averages from one half minute to four minutes, and over the susceptibility of the patient.

If, for example, one has pain in the first zone on the left side of the jaw—either upper or lower—it is overcome temporarily at any rate, by firm pressure—just short of pain—on the thumb. The patient, very shortly, declares that the finger feels numb and he seems able to trace the progress of a wave of numbness extending gradually upward through the joint and over the body in that particular zone.

When the numbness passes the location of pain for which the anesthesia is being administered, the suffering usually ceases. When this occurs dentistry or minor surgery may usually be attempted the nerves being quite desensitized. The patient may exert this pressure himself, but the operator, or his assistant will do it for him, using the thumb and fingers of both hands for this purpose, will mitigate or quite control the pain in the incisors and cuspid teeth of the side corresponding to the digit being squeezed.

Simple pressure exerted over the second joint of the first finger will control pain in the bicuspid teeth. The second finger is reflexly related to the two molars, but sometimes the third finger must also be employed for this reason.

In other words, pressure upon the thumb, fore-finger, and middle fingers of either hand will control correspondingly pain in the incisors, cuspid and bicuspid and the two molars on both sides of the median line, including that there is no great inflammation or no abscess in the vicinity of the corresponding teeth.

Occasionally the "control" over-lapses, in which case it is necessary to use also the finger next to the one being used, and in the case of wisdom teeth, to get the best results it is advisable to use both the third and the little finger.

A very successful method practiced by some experts particularly where extraction must be done—is to grasp the offending tooth as near the apex of the root as is practicable and with the thumb and finger make firm pressure for three or four minutes on both sides of the root, thus producing a degree of anesthesia about one half hour, although pressure can, if necessary, be reapplied at any time.

Other dentists and oral surgeons get excellent results by pressing on the "heel of the jaw"—the point directly back of the wisdom tooth, familiarly known to the profession as "the tuberosity of the superior maxilla." This produces a very complete and lasting anesthesia of the entire jaw of the side inflicted, and permits of the painless extraction of teeth living in the immediate neighborhood.

With the lower front teeth, it has been found that to press or hold the inferior (or lower) dental nerve, where it emerges from the inside of the ramus (or groove) of the lower jaw gives good anesthesia. Also pressure with the finger, on the inferior dental nerve, where it exits from below the bicuspid tooth (called by doctors the inferior dental foramen) will usually anesthetize that half of the jaw.

Much better to "focus" pressure to use the blunt end of an instrument (the handle of an excavator is excellent) upon this inferior dental nerve.

The proper application of these principles cannot fail to be of immense value to the dentist and oral surgeon in their daily practice. In relieving tooth ache and neuralgia, in removing deposits, in extracting teeth, and in fact in most painful operations, dentists are called upon to perform, this simple and readily learned pressure technique should prove invaluable, as many dentists are learning every day.

The application of these principles will encourage public interest in dentistry, and will materially diminish the sum total of pain and suffering that humanity is called upon to endure. Indeed, it is common and highly gratifying—among many dentists now using pressure and analgesic—to have sensitive patients—those upon whom, because of past exhausting and nerve-racking experiences they have always dreaded working—say "Well, Doctor, if you never hurt me any more than you did today, I shall never again fear to come to you."

Many have been cured of neuralgia in this inhibition analysis a safe and certain means of relieving themselves and their children of an immense amount of pain and discomfort. For, when they cannot, of course, hope to possess the technical knowledge enabling them to find and exert pressure upon the nerves themselves it is a comparatively simple matter for them to grasp the roots of an aching tooth with their thumb and finger and temporary relieve pain—at least until they can take little Alfred or Alice to the dentist.

If this may not seem feasible, they can by remembering the fingers that correspond with the particular zone which it is desired to influence, do much to relieve distressing conditions in that zone, until such time as the doctor or dentist can be visited.

For example: At a dinner party the other night one of the guests complained of severe pain in the right

upper first molar. I told her to squeeze the joint of her second finger, which advice she considered a very ill-timed and pointless joke. Insisting that I was serious and helpfully disposed, she obeyed my directions, and in a very few minutes beamed complete relief from her dental anguish.

Belief in the efficacy of the treatment is not essential, and suggestion does not explain the reactions. The patient works with the certainty of a problem in mathematics. For if the pressure is not made in the proper zone, and in the proper way, and for a sufficient length of time, the results will inevitably be negative.

In fact, by repeating such contentions, Dr. Fitzgerald and his co-experimenters purposely, in hundreds of instances, refrained from suggesting that they were even attempting the relief of pain, the first and only intention of the patient was to be accomplished coming from the patient himself.

In neuralgia and other painful conditions of long standing—where there are decayed teeth or other dental causes for the pain—many permanent cures have been effected by pressure treatment. Almost it would seem that whatever tended to reduce the pain would also help remedy its cause, no matter how remote.

Many dentists secure a very satisfactory degree of analgesia—sufficient for excavating of treatments—by compressing firmly the lip or cheek immediately over the tooth that is to be worked upon. But as a rule they prefer pressure over the roots, or directly upon the various branches of the dental nerves, for extraction purposes.

One of the most significant facts in connection with pressure therapy—or zone therapy, as it is now quite frequently called—is the intimate relation between morbid dental conditions and pain in even the most remote parts of the body. It has been demonstrated, beyond a shadow of doubt, that points—or foci—of infection within the mouth, or in the teeth frequently manifest disturbances in the most remote parts of the body.

This is one reason why many physicians and surgeons, using the method, make a routine practice of sending every patient, in whom dental conditions are suspected of a general thorough overhauling by a competent dentist. Dr. Fitzgerald does not profess to explain the relationship, but he contends that in every single case of gout or even treated by him—and he has seen hundreds—invariably there were conditions present calling for dental attention.

Another reason for striving to keep all our original teeth in the places that nature intended to preserve, the continuity of it may be seen in the case of our various nerve zones. Sound healthy teeth and roots in their normal occlusion, seem to assist in normal functioning of the entire zone chain of which they are an important link.

Congestions, headaches, neuralgia, conditions affecting the nerves of the head or the ears, or even partial deafness, have been materially improved, and many times completely cured, by the application of a simple vane cautery around the necks of the teeth, by pressure on the teeth themselves in the zone affected or even by having the patient "grind" the particular teeth related to those areas which it is attempted favorable to influence.

In several instances, chronic frontal headaches in children have been cured by correcting faulty occlusion of the front teeth by that branch of dentistry known as "orthodontia." Which after several months of treatment, the teeth were restored to their normal alignment, and continuity of the nerve zone was re-established, the headaches cleared up and there has been no return of them.

Reflex relations are even more pronounced where there are abnormalities in the nose, epipharynx, pharynx, throat and other parts of the body, and frequently manifest themselves in lesions or various distressing symptoms, always however, within the zone occupied by the original cause of the trouble.

For instance, hay-fever is a disease with more or less constitutional symptoms. Yet Dr. Fitzgerald, in an experience with many hundreds of cases, contends that he has never seen a hay feverite with an absolutely normal nose. Invariably there were bony spurs or enlarged turbinates or deviated or twisted septums, or mechanical obstructions of some kind, or else an irritated inflamed mucous membrane lining which seems to stand in loco parentis to the hay fever.

In fact, as means of diagnosis, these physicians familiar with zone-therapy consider it almost invaluable. If a patient complains of pain, the origin of which seems obscure, these physicians assure themselves first, that the pain does not arise from eye, tooth, ear, nose or throat. If then the nose and throat are clear, and the dental expert reports that the teeth are sound, the doctors know that they must look elsewhere for the cause of the trouble.

Sometimes most serious unsuspected conditions are thus uncovered. For instance, Dr. Fitzgerald recently treated a patient with gout. This condition, it may be remembered, passing, is almost invariably cured by pressure-therapy. In the past fifteen months Dr. Fitzgerald has treated 21 cases, many of which were of the exophthalmic variety, with protruding eye-balls, unsightly enlargements of the thyroid gland, and all other usual symptoms. Twelve of these have been discharged as cured, and eight are on high road to recovery, having had no other treatment except pressure-therapy.

One patient, however, proved intractable. She was finally sent to a gynecologist, where examination disclosed the presence of a large fibroid tumor, in the same zone, of course, as the gout. Operation was advised, and now, without doubt, there will be a rapid improvement in the gout.

And so, we can now understand why we grind our teeth. We do so because the action causes a relief of nerve tension, and a diminution of pain in all the zones of the body irritated by these anxious and as yet undiscovered nervous wires, strung through the telegraph poles of the teeth.

When we grab our bruised shins we are transmitting the pain in the irritated nerve trunk lines of that zone. When we grasp the arm of the dental chair, and hang on like grim death, we are unconsciously going through motions that, if continued long enough, would have made our ordeal comparatively painless. The only fault in our preparation for the

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ordeal was that we should have started our pressure grip three or four minutes earlier. But our intentions were good.

When automatically we clench our fists in furious anger, we are relieving our terrific nervous excitement, and thereby perhaps preventing the bursting of a blood vessel. When we clasp the hands of one sorely stricken and in the throes of despair, we are, in addition to supply him with comforting magnetism and physical solace, producing a distinctly analgesic and quieting effect upon his entire nervous system.

And when we clasp our hands or press the fingers tightly together in supplication, we are ministering to the over-wrought nerves, and thereby perhaps bringing ourselves into closer harmony with the great Cosmic Force that envelops us in a mantle of kindness and love.

HARRISON-WINGFIELD.

Many friends of Charles Harrison of Fairfield, Pa., and Lillian Wingfield of this city, attended a wedding reception last night after their marriage at St. Augustine's rectory. The ceremony was performed at 7:30 by Rev. James B. Nihil, F. R. Th. bride was Miss Lillian Wingfield, and the groom, Charles Harrison, was with white hat. She was attended by her cousin, Miss Nellie Hron, who wore a grey silk costume with gray velvet hat. Harry Martin of Brooklyn attended the groom.

The reception which followed the ceremony was held at the home of the bride's aunt, Mrs. Hron of 96 High street, this city. Among those present were guests from Brooklyn, New Brunswick, N. J. and Fairfield, Pa. The bride is a charming young woman who has many friends in this city and the home of her aunt where the reception was held was thronged last night. The couple received many handsome presents, including a curving set, the gift of the bride's associates in the office of the Bridgeport

Brass Co. Showed with rice and confetti, the couple left the city on the 9:55 train last night for a honeymoon which will be spent in New York and New Jersey. In October the couple will make their home in Fairfield, Pa., where the groom is engaged as an electrical contractor.

The light frost in Nebraska is not believed to have damaged corn.

MARRIED.

SULLIVAN-MCDONNELL—In New Milford, Sept. 15, Jeremiah Sullivan of Hartford and Miss Julia McDonnell.

HOGGSON-HARLAN—In Norwalk, Sept. 17, Miss Rose Harlan, of New York City, and Samuel Edward Hoggson.

EDWARDS-WHELAN—In New York, Sept. 18, B. Jay Edwards, Jr., of Greenwich and Miss Ethel Whelan.

DIED.

MORATTA—In Danbury, Sept. 18, Mrs. Agata Moratta, aged sixty-four years.

SQUIRE—In Shelton, Sept. 18, Emma Jane wife of Charles H. Squire, aged 64 years.

HENDRIE—In Stamford, Sept. 18, Anna A. wife of Herbert W. Hendrie.

DOOLEY—In Stamford, Sept. 17, John P. Dooley.

KEELER—At Stamford, Sept. 19, Rachel A. wife of the late Smith O. Keeler of Darien.

TRISTAM—In Stamford, Sept. 17, Miss Sarah Elizabeth Tristram of Danbury.

MERWIN—In New Milford, Mary Alice, widow of Carlos P. Merwin, aged 70.

FERRIS—In New Milford, Della Saunders, wife of George P. Ferris, aged 38.

PLANT—In Greenwich, Sept. 19, Alice, wife of John Plant, aged 43.